Quality of Life of Family Caregivers of Patients With Cancer: A Literature Review

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Purpose/Objectives: To systematically review literature regarding the quality of life (QOL) of family caregivers of patients with cancer and evaluate the instruments measuring family caregivers’ QOL.

Data Sources: PubMed, CINAHL®, PsycINFO, ISI Web of Science®, and EBSCO electronic databases; published literature.

Data Synthesis: Overall, the QOL of family caregivers of patients with cancer varied. Influences related to family caregivers’ QOL were identified. Global and generic measures have been used because of the lack of specific instruments. Comparisons are complicated because several measures were used at different times along the illness trajectory with caregivers caring for people with various types and stages of cancer.

Conclusions: A more explicit definition of QOL for family caregivers of patients with cancer and specific instruments suitable for different cultures are needed to enhance knowledge.

Implications for Nursing: Maintaining the QOL of caregivers is important in their ability to provide the care required to keep family members with cancer in the community. Nurses must provide care to maintain caregivers’ QOL.

L onger survival, increasing incidence, and a growing trend toward outpatient treatment have made family caregivers increasingly important in providing support for and managing the care of patients with cancer (Given, Given, & Kozachik, 2001). Providing care for long periods at home can impose considerable demands and cause stress that dramatically can affect family caregivers’ quality of life (QOL) (Weitzner, Jacobsen, Wanger, Friedland, & Cox, 1999).

QOL is a complex and multifaceted concept that is studied widely by social scientists, psychologists, and healthcare professionals. Conceptualizations of QOL have objective and subjective aspects (Day & Jankey, 1996). Objective aspects include physical functioning and economic factors, such as income and housing. Subjective aspects include attitudes, feelings of well-being, and the ability to achieve personal goals. In addition, QOL can be a unidimensional or multidimensional concept (Frank-Stromborg, 1997). When viewed as unidimensional, QOL is evaluated by using one global indicator of well-being. QOL defined as a multidimensional concept can be assessed by using a number of criteria that typically consist of as many as five domains: physical, psychological, social, economic, and spiritual well-being (Ferrans, 2000; Ferrell, Dow, Leigh, & Gulasekaram, 1995; Padilla & Frank-Stromborg, 1997).

Definitions of QOL have been based primarily on research with people who are ill. However, healthcare professionals know that assuming caregiving responsibility greatly influences the QOL of family caregivers, particularly as cancer care shifts from inpatient to outpatient. The QOL of family caregivers of patients with cancer is important. Extending the conceptualization of QOL to caregivers requires considering domains specific to them. For example, Stetz (2003) suggested assessing families’ social interactions or emotional functioning. Economic functioning is an additional aspect to consider because a primary role of the family is to provide financially for its members (Wietzner, Meyers, Steinbruecker, Saleeba, & Sandifer, 1997). Nevertheless, to date, few researchers have explored QOL issues of family caregivers of patients with cancer. This review of the literature aimed to assess instruments of QOL used in family caregivers of patients with cancer and describe results from QOL research among caregivers.

Methods

The authors performed a literature search of the PubMed, CINAHL®, PsycINFO, ISI Web of Science®, and EBSCO electronic databases with no date limitations. Searches used